PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/564709

| CLAIMS AS FILED - PART ! (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | |
|---|--|---|--------------------------|-----------------------------------|-----------------------|--------------------------------|----------------|---------------------|------------------------|---------|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES | | | | | | | 7 | RATE | FEE | 7 | RATE | FEE |
| BASIC FEE | | | | | | | 1 | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | | 1 | EXAM. FEE | <u> </u> | 1 | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | | 1 | SEARCH FEE | | 1 | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | 1 | X \$ 125 = | | | X \$ 250 = | 1.0 |
| TOTAL CHARGEABLE CLAIMS | | | / minus 20 = | | * | | 1 | X \$ 25 = | <u> </u> | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | 5 minus 3 = | | . 2 | | | X \$ 100 = | | OR | X \$ 200 = | 400 |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | | · | | | + \$ 180 = | | OR | + \$ 360 = | 70 |
| * If | the difference | e in column 1 is | ess than zero, enter "0' | | " in column 2 | | | TOTAL | | OR | TOTAL | 1300 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | . | SMALL E | | OR | OTHER I | | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUME PREVIO PAID F | | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |] [| + \$ 180 = | | OR | + \$ 360 = | · |
| | · · | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Colum | ın 2) | (Column 3) | | | | | | . [|
| | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIO PAID F | ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
|] | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| - '' | If the "Highest Nu | mn 1 is less than the mber Previously Pai mber Previously Pai | For IN THIS SPA | ACF is less | than '20' | enter "20" | - - | TOTAL ADDIT. FEE | | OR T | FEE | |
| | The "Highest Nun | nber Previously Paid | For" (Total or Inde | pendent) is | uian '3', the high | enter "3", est number found | in the | appropriate box i | in column 1 | | | |